

Self Funded Plans Materials Order Form

REVISED JULY 2004

PLEASE DESTROY ALL PRIOR FORMS

FAX FORM TO: (804) 780-0198 ALLOW TEN DAYS FOR DELIVERY OF MATERIALS

Enrollment Packages for Active and/or Retiree Not Eligible for Medicare						
STANDARD PACKAGE		Qty.	VALUE PACKAGE		Qty.	
T20374	Key Advantage w/Expanded Benefits		T20377	KeyShare w/Expanded Benefits		
T20375	Key Advantage		T20378	KeyShare		
T20376	Cost Alliance with Dental		T20379	Value Alliance with Dental		
Retirees Eligible for Medicare			Miscellaneous			
T20380	Advantage 65		T20309	TLC Enrollment Form		
T20387	Dental/Vision Plan Offered With Advantage 65		990046	TLC Name & Address Change Form		
			T20391	Anthem 2004 Medical Provider Directory		
T20381	Medicare Complementary		110602	Anthem Claim Form		
Member Handbooks w/Notification of Changes			Notification of Changes Only			
T20072	Key Advantage		Key Advantage			
T20073	Key Advantage w/Expanded Benefits		Key Advantage w/Expanded Benefits			
T20075	Cost Alliance with Dental		Cost Alliance with Dental			
T20240	KeyShare w/Expanded Benefits		KeyShare w/Expanded Benefits			
T20241	KeyShare		KeyShare			
T20242	Value Alliance with Dental		Value Alliance witth Dental			
T20078	Advantage 65		Advantage 65			
T20084	Medicare Dental/Vision		Medicare Dental/Vision			
T20076	Medicare Complementary		Medicare Complementary			

- To order **ValueOptions** materials, call 1-866-725-0602. You may also fax a request to 919-941-5242, Attn: Account Services.
- To order **Delta Dental Plan of Virginia** materials, call Terri Green at 1-800-237-6060 x 3370.
- To order Medco Health prescription drug forms below, call 1-800-316-9182: Medco Home Delivery Order Form (BWX270)
 Medco Health Assessment Questionnaire (CMWPRF)
 Medco Prescription Drug Claim Form (C1001)

Group Name	Date
Attention	Group #
Street Address (Do no use P.O. Box)	Telephone #
City, State and Zip	Fax #